10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AMENDED ON THIS TIME VS 300 Rev. 4/59 Rev. 6/5/Rev. 6/5/Rev. 6/5/Re	M DEPA	ISSOURI I	DIVI PUBLI	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH C HEALTH AND WELFARS 10 1002 4405	- 008363
NS 300 Rev. 4/50	VS 300 Rev. 4/59	DO NOT WRITE ON THIS STUB	AMENDED	I -	Registration District No. 1957 Primary Registration District No. 1957 Registrar's No. 1957	
D. CITY of curisis experient limits, pive information of the property in the color of the property in the color of the property of the prope	Description	VS 300	ie	_ -		
ADDRESS 11062 Ridge Forest Dr. Vest No. 20 No.	No.	Rev. 4/59	ENDE	-	OR Constants	
ACCOUNT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH bur nor released to the terminal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	MARCHARD CREATED Marchard M	1		-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give	
LYDIA Company Compan	LYDIA LAURISTEIN OPEN FEBRUARY 1962 196	4003		_		
5. SEX COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 7. AGE (last birmlay) Thirder 1 fam. Widdle Area	5. SEX	3			(Type or print)	
Female Female White Divorsed 6/3/185 76 yrs. Months Days Hours Min.	Female Female White Widowed Divorced 6/3/185 76 yrs. Months Days Hours Min.	4 1		- 1	LIDIA LAUENSTEIN FEBRUAR	Y 2 1962 UNDER 1 YEAR IF UNDER 24 HR
durige most of working life, even if retired) At Home Davenport, Iowa USA 13s. FAIHER'S NAME HOUSeVITE 13s. FAIHER'S NAME HOUSEVITE 13s. FAIHER'S NAME HOUSEVITE 13s. FAIHER'S NAME HENRY W. C. Waltke Dorothea Hippe Martin R. Lauenstein Address Addres	during most of washing life, even if retired) At Home Davenport, Iowa USA HouseVile 13s. Kalher's Name Henry W. C. Waltke Dorothea Hippe Martin R. Lauenstein Address (23) Mr. Robert J. Lauenstein, 4453 Turquolise (23) Mr. Robert J. Lauenstein, 4453 Turquolise (23) Mr. Robert J. Lauenstein, 4453 Turquolise (23) Is. CAUSE OF BEATH Exter early one cause per line Is. CAUSE OF BEATH Exter early one cause per line Is. CAUSE OF BEATH Exter early one cause per line Image: Conditions, if any, which gave rise observe cause (8), thing the under perpension in PART II. Due to (c) Due to (b) DIABETES MELLITUS MANY YEARS MANY YEARS MANY YEARS MANY YEARS WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART II of Hem 18.) The part of the work of the mark of the best of my knowledge, from the causes stated. 20s. Time Of Hour Month, Day, Year Injury to grant of the detested above, and to the best of my knowledge, from the causes stated. 21s. ADDRESS BAPNES HOODERS.	5 2			Female White Widowed 10 Divorced 6/3/185 76 yrs.	onths Days Hours Min.
Henry W. C. Waltke Source Martin R. Lauenstein	Henry W. C. Waltke South Henry W. C. Waltke Dorothea Hippe Martin R. Lauenstein	6	88	ı		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 18. CAUSE OF DEATH [Enter only one causes per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line of NONE] 19. WAS AUTOPSY [Death occurred as a per line o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line 18. CAUSE OF DEATH [Enter only one cause per line 18. CAUSE OF DEATH [Enter only one cause per line 18. CAUSE OF DEATH [Enter only one cause per line 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. INFORMANT 11. INFORMANT 12. ALBUENSTEIN, AL53 TUTQUOISE INTERVAL BETWEEN CONSITION OF WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one cause per line 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. INTERVAL BETWEEN CONSITION OF WAS CAUSED INTERVAL B	7 📝		"		
NOTE: NOTE:	NOTE 10 10 10 10 11 10 11 10 11 10 11 10 11 11 11 12 12		1 1 1 1 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addr	***
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA 2 WEEKS Conditions, if any above cause (a) taking the underlying cause last. DUE TO (b) DIARBETES MELLITUS MANY YEARS DUE TO (c) DEATH but not related to the terminal there a pregnancy in last 90 days. FART II. OF HOW Month, Day, Year PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART II of Irem 18.) 13	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA 2 WEEKS ONSET AND DEATH 2 WEEKS Conditions, if any, which gave rise to above cause (a), staining the underly lying cause (as). PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART II. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART III. OF DEATH But not related to the terminal there a pregnancy in last 90 days disease condition given in PART III. OF DEATH But not related to the terminal part III. If decessed was female was	9		_		,4453 Turquoise D
Which gave rise to above cause (a) DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. ON ONLY STATE WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (s.g., in or about home, p.m., p	which gave rise to above cause (a), staring the underlying cause last. DUE TO (c) 260 ×	10	4	ĘŅ.		ONSET AND DEATH
Which gave rise to above cause (a) DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. ON ONLY STATE WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (s.g., in or about home, p.m., p	which gave rise to above cause (a), staring the underlying cause last. DUE TO (c) 260 ×	II 10		Ş	IMMEDIATE CAUSE (a) BRONG ROPREUMON LA	Z WEEVO
STATE STAT	Solution State S	1257- a	TEAL RE	8	which gave rise to	MANY YEARS
disease condition given in PART I (a) State Columbia	disease condition given in PART I (a) There a pregnancy in last 90 days			I	above cause (a), stating the under-	
TO STATE 19. WAS AUTOPSY PERFORMED? YES BOOL 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED As a.m. p.m. 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED Farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED FART II of item 18.) 20d. INJURY OCCURRED FART II of ite	TO BE THE PART I OF PART II OF ITEM 18.) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.) 20d. INJURY OCCURRED SIGNATURE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, factory, street, office bldg., etc.)	5 7	~	Ş	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART III.	
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from MARCH 21, 1952 to FEB. 2, 1962 and last saw her him alive on FEB. 2, 1962 Death occurred et. 11:58 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE Death occurred et. 10egree or title) 22b. ADDRESS BARNES HOSPITAL 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY					
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from MARCH 21, 1952 to FEB. 2, 1962 and last saw her him alive on FEB. 2, 1962 Death occurred et. 11:58 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE Death occurred et. 10egree or title) 22b. ADDRESS BARNES HOSPITAL 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY		NOW		,	:T I or PART II of item 18.)
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from MARCH 21, 1952	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office bidg., etc.) 21. I attended the deceased from MARCH 21, 1952	¥ 00 N	AWE	AFDICA	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
Death occurred at 10 pegree or title) 22a. SIGNATURE 22a. SIGNATURE 22b. ADDRESS BARNES HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	Death occurred at 22a. SIGNATURY (Degree or title) 22b. ADDRESS RAPNES HOCDET AT	X E			204 INTURY OCCURRED 206 PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION C	OUNTY STATE
Death occurred at 10 pegree or title) 22b. ADDRESS BARNES HOSPITAL 23c. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	Death occurred at 222. SIGNATURY (Degree or title) 22b. ADDRESS RAPNES HOCDET AT	A S E	EA	ı		. 2, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	22c. DATE SIGNATURE 22c. DATE SIGNET BARNES HOSPITAL 22c. DATE SIGNET 28 /62	E B	9	Ì	11.58 P.M	ge, from the causes stated.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Febr. 5, 1962 St. Trinity Cemetery St. Louis County, Missouri.	F o E O P Printer 128/62	US	할			
St. Louis County, Missouri.	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (516te)	F	S	₹ -		
			<u> </u>	FFID		nty, Missouri.
	Beiderwieden F.H.Inc., 1936 St.Louis (6) FEB 5 1962 Found Amun. M.D.		ITEM			uth. M.O.

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my pe	rsonal supervision.	a/2/2
Student		Signed Homes W. (May)
Sig	nature of Student Embalmer	3000
		Licensed Embalmer No. a 288 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.